



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Division of Health Care Quality

99 Chauncy Street, 2nd Floor, Boston, MA 02111

617-753-8000

DEVAL L. PATRICK
GOVERNOR

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Circular Letter: DHCQ 08-06-490

TO: Chief Executive Officers
Acute Care Hospitals

FROM: Paul Dreyer, Ph.D.
Bureau Director

DATE: June 11, 2008

RE: Reminder: Healthcare Associated Infections Reporting Requirement in Acute Care Hospitals

The purpose of this letter is to remind acute care hospitals that have not yet registered with the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) and conferred rights to MDPH and the Betsy Lehman Center for Patient Safety and Medical Error Reduction (BLC) of their obligation to fulfill this requirement.

On February 22, 2008, acute care hospitals¹ received notification of new requirements for the collection and reporting of selected healthcare-associated infection (HAI) data via Circular Letter DHCQ 08-02-482 (see Attachment 1). The requirements pursuant to hospital licensure regulations at 105 CMR 130.1701 contained in that correspondence are as follows:

1. No later than April 1, 2008, acute care hospitals shall register with the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN).
2. No later than April 1, 2008, acute care hospitals shall confer rights on the NHSN system to MDPH and the Betsy Lehman Center for Patient Safety and Medical Error Reduction (BLC). These rights give MDPH and BLC access to specific healthcare-associated infection measures entered into NHSN and rights to hospital-specific reports generated by NHSN.

¹ College infirmaries and hospitals providing only mental health, behavioral health or substance abuse services are currently exempt from this reporting regulation.

3. No later than July 1, 2008, each hospital must collect and submit the specified HAI data elements to NHSN as outlined in Attachment 2.

MDPH has issued detailed instructions on the procedures for NHSN registration and continues to provide ongoing support for the processes related to enrollment and implementation of the reporting requirements. A CD recording of the March 25, 2008 NHSN enrollment training webinar and the related slide set is available at no cost by contacting any of the following Massachusetts resources.

Please be advised that enrollment may require the resources of your Information Technology Department. Attachment 3 provides additional guidance for submitting HAI data via NHSN.

Individuals in your facility who are experiencing difficulty and require additional information and assistance may contact any of the following resources:

- National Healthcare Safety Network (NHSN)
Email: nhsn@cdc.gov
- Massachusetts Contacts:
JSI Research and Training Institute
Email: haihelp@jsi.com
Phone: 1-617-385-3992

MDPH Bureau of Health Care Safety and Quality
Infection Prevention and Control Program
Roberta Bernstein
Email: roberta.bernstein@state.ma.us
Phone: 1-617-753-8062
Website: www.mass.gov/dph/dhcq

Betsy Lehman Center for Patient Safety and Medical Error Reduction
Eileen McHale
Email: eileen.mchale@state.ma.us
Phone: 1-617-624-5723
Website: www.mass.gov/dph/betsylehman

Attachment 1

Amendments to 105 CMR 130.000 (Hospital Licensure)

130.1700 Definitions

The following definitions apply to 105 CMR 130.1701:

Betsy Lehman Center means the Betsy Lehman Center for Patient Safety and Medical Error Reduction established pursuant to M.G.L. c. 6A, § 16E.

Hospital means any hospital licensed under M.G.L. c. 111, § 51, unless such hospital is a college infirmary or a hospital that provides only mental health, behavioral health or substance abuse services.

National Healthcare Safety Network (NHSN) means the data collection network operated by the Centers for Disease Control and Prevention.

130.1701 Healthcare-Associated Infection Data Collection, Submission and Reporting

(A) No later than April 1, 2008, each hospital shall:

- (1) register with the NHSN; and
- (2) grant access to the Department and the Betsy Lehman Center, in accordance with guidelines of the Department, to:
 - (a) healthcare-associated infection data elements reportable to the NHSN; and
 - (b) hospital-specific reports generated by the NHSN.

(B) No later than July 1, 2008, each hospital shall collect and submit to the NHSN healthcare-associated infection data elements in accordance with guidelines of the Department.

Attachment 2

Summary Chart of HAI-Related Measures based on recommendations of the Massachusetts Expert Panel, January 31st 2008

Outcome Measures	Reporting Level		
	MDPH	BLC	Internal
✓ CVC-BSI in ICUs – true pathogens (CDC criterion 1)*	♦		
✓ CVC-BSI in ICUs – skin contaminants (CDC criterion 2 and 3)*		♦	
✓ CVC-BSI outside of ICUs – true pathogens and skin contaminants (CDC criteria 1 and 2)*			♦
✓ SSI resulting from hip arthroplasty	♦		
✓ SSI resulting from knee arthroplasty	♦		
✓ SSI resulting from hysterectomy (vaginal and abdominal)		♦	
✓ SSI resulting from coronary artery bypass graft		♦	
✓ Ventilator-Associated Pneumonia (VAP)			♦
Point prevalence of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)		♦	
<i>Clostridium difficile</i> -associated disease (CDAD)			♦
Process Measures			
VAP prevention: Daily application of protocol-driven assessments for ventilation		♦	
VAP prevention: Elevation of the head of the patient's bed		♦	
Influenza vaccination of healthcare workers		♦	

✓ = Measure found in National Healthcare Safety Network (NHSN)

CVC-BSI – central venous catheter-associated bloodstream infection

ICU – intensive care unit

SSI – surgical site infection

MDPH – Department of Public Health

BLC – Betsy Lehman Center for Patient Safety and Medical Error Reduction

Internal – For reporting hospital's own use only

* please see [Attachment C](#) in *Recommendations Related to Reporting of Healthcare-Associated Infection Measures*

**Massachusetts Department of Public Health
and
Betsy Lehman Center for Patient Safety and Medical Error Reduction**

HAI Specific Reporting Guidance

A requirement of acute care hospital licensure as stated in Part B of this circular requires that: “No later than July 1, 2008, each hospital shall collect and submit to NHSN healthcare-associated infection data elements in accordance with guidelines of the Department.” The following guideline provides direction for the collection and submission of Central Venous Catheter Blood Stream Infection (BSI) and Surgical Site Infection (SSI) outcome measures. The final report and complete list of recommendations for the Prevention and Control of Healthcare-Associated Infections in Massachusetts is available on the following websites:

- MDPH: www.mass.gov/dph/dhcq
 - BLC: www.mass.gov/dph/betsylehman
1. Central venous catheter blood stream infections (CVC-BSI) occurring in all intensive care units (ICU) must be reported via NHSN starting July 1, 2008. Collection of this data will require the tracking of all CVC-BSI events, the number of central line days and total patient days in all ICUs per month. Slides and a video copy from the recent trainings are available at no cost by contacting JSI Research and Training Institute HAI support (617-385-3992 or email haihelp@jsi.com).
 2. Beginning July 1, 2008, acute care hospitals are requested to begin reporting surgical site infections (SSI) related to 4 procedures in the following priority order:

<u>Procedure</u>	<u>NHSN Procedure Category*</u>
1 Vaginal and abdominal hysterectomies	VHYS and HYST
2 Knee arthroplasties	KPRO
3 Hip arthroplasties	HPRO
4 Coronary artery bypass grafts	CBGB and CBGC

*includes a set of ICD-9 codes found in NHSN *Patient Safety Component Protocol*

- Prioritizing the submission of SSIs will ensure that MDPH and BLC have a comparative set of data for review and analysis across Massachusetts acute care hospitals.
- Post discharge surveillance of SSIs must be conducted in order to identify infections that occur after a patient is discharged from the hospital. When SSIs are identified outside of the facility where the original surgery was performed, the infection control unit of the operative hospital must be notified; the SSI case is then reported to NHSN by the operative hospital.

- In many facilities, the volume of denominator data necessary to calculate adjusted SSI infection rates will require Information Technology staff to provide monthly automated data from operating room and other electronic data sources for each patient undergoing one of the ICD-9 coded procedures (NHSN procedure categories noted above). **Setting up these monthly data extracts should be a priority for IT staff, in order to meet the reporting timeline.**
- Although NHSN routinely uses a 30 day data entry window, hospitals will initially have up to 60 days for submission of surgical procedure denominator and SSI data, if needed. For example, July 2008 denominator data must be entered by September 30, 2008.
- The analysis and release of SSI measures by MDPH and the BLC will be restricted to deep incisional organ/space SSIs. However, participation in NHSN requires the reporting of superficial SSIs as well, and the many hospitals that regularly track these will benefit from entering them into NHSN for their own use. Facilities in which superficial SSIs are not routinely tracked can still report just deep incisional and organ/space infections via NHSN using an “out of plan” status. Instructions for hospitals requiring this option will be developed and disseminated in a separate communication. If your facility chooses this option the data collected will not be included in the national SSI analysis.

The Department recognizes that the implementation of the infection prevention and control program may present challenges and suggests hospitals experiencing hardship impacting their ability to meet these requirements contact MDPH Infection Prevention and Control Program to request an extension. Facilities requesting extensions are required to submit brief documentation describing the specific circumstances as well as an expected date for compliance to Roberta Bernstein at the following e-mail address. roberta.bernstein@state.ma.us

The implementation of Healthcare Associated Infection reporting and the promotion of best practices for their prevention cannot solely be the responsibility of the infection control department. Improvement should be driven by leadership with a commitment to providing sufficient resources and attention to the initiative. Additional staff necessary to provide knowledge and guidance for the upcoming collection of process measures related to Ventilator Associated Pneumonia (VAP) and influenza rates for healthcare personnel includes ICU Directors, Respiratory Therapists and Occupational Health staff.

Over the coming months DPH will issue additional guidance related to the implementation of the specifications for reporting the following:

- Methicillin resistant Staphylococcus auerus (MRSA) point prevalence survey
- Reporting of Ventilator-Associated Pneumonia Process Measures
- Reporting of Influenza Vaccination Rates for Healthcare Personnel